



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES
Fiscal Year
2012**

Health Resources and
Services Administration

*SUMMARY Justification of
Estimates for
Appropriations Committees*

Executive Summary

TAB

INTRODUCTION AND MISSION

The Health Resources and Services Administration (HRSA), an Agency of the U.S. Department of Health and Human Services (DHHS), is the principal Federal Agency charged with increasing access to basic health care for those who are medically underserved. Health care in the United States is among the finest in the world but it is not accessible to everyone. Millions of families still face barriers to quality health care because of their income, lack of insurance, geographic isolation, or language and cultural barriers. The Patient Protection and Affordable Care Act provides for a substantial expansion of components of the HRSA-supported safety net, including the Health Centers program, the National Health Service Corps, and a variety of health workforce development programs, to address these and other access problems.

Assuring a safety net for individuals and families who live outside the economic and medical mainstream remains a key HRSA role. A recent *New England Journal of Medicine* article¹ concluded that the existing safety net is simply inadequate and is continuing to deteriorate. It further noted that, while implementation of health reforms and other factors will affect the structure, function, and mission of the safety net, the underlying problems that created the need for a safety net in the first place will not be solved in the near future.

HRSA's mission as articulated in its Strategic Plan for 2010-2015 is: To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs. HRSA supports programs and services that target, for example:

- The 50 million Americans who lack health insurance--many of whom are racial and ethnic minorities,
- Over 50 million underserved Americans who live in rural and poor urban neighborhoods where health care providers and services are scarce,
- African American infants who still are 2.4 times as likely as white infants to die before their first birthday,
- The more than 1 million people living with HIV/AIDS, both in and out of care,
- The more than 100,000 Americans who are waiting for an organ transplant.

Focusing on these and other vulnerable, underserved groups, HRSA's leadership and programs promote the improvements in access, quality and equity that are essential for a healthy nation.

¹ America's Safety Net and Health Care Reform – What Lies Ahead? Irwin Redlener, M.D., and Roy Grant, M.A., Posted by *New England Journal of Medicine*, December 2, 2009.

OVERVIEW OF BUDGET REQUEST

The FY 2012 President's program level request of \$9,034,701,000 for the Health Resources and Services Administration (HRSA) is an increase of \$977,544,000 from the FY 2010 Actual level.

Program Increases:

Health Centers (+\$1,132.669 million)

This request will continue to support more than 1,100 health center grantees that provide comprehensive, culturally competent, quality primary healthcare services through more than 8,000 service delivery sites. This request reflects the projected increase in FTCA program demand, given the recent expansion of the Health Center Program and the significant projected Health Center Program expansion supported by the Affordable Care Act. This funding level also includes \$1.2 billion appropriated under the Affordable Care Act for health center service. As a result of the Affordable Care Act funding, the total number of patients served in FY 2012 is projected to reflect an increase of approximately 900,000.

National Health Service Corps (NHSC) (+\$277.057 million)

This request includes \$295 million in mandatory funding from the Affordable Care Act. This budget will support a Field Strength of 10,683. This will fund 389 scholars and 2,971 loan repayers.

Health Workforce Programs (+\$71.294 million) This request includes \$255 million in PHS Evaluation Funds for certain health workforce activities, \$15 million from the Prevention and Public Health Fund.

National Practitioner Data Bank User Fees (+\$4.508)

This reflects the estimated User Fees for the National Practitioner Data Bank.

Autism and other Developmental Disorders (+\$7.102 million)

\$2.6 million of the increase will support LEND interdisciplinary training programs; \$2.1 million of the increase will support additional autism intervention research projects examining areas of particular interest to families as outlined in the Interagency Autism Coordinating Committee's 2010 Strategic Plan for Autism Spectrum Disorder Research; and the remainder will support State demonstration grants, resource centers, a national evaluation, and a quality improvement initiative.

Maternal, Infant and Early Childhood Visiting Program (+\$250.0 million)

This level of funding will provide: \$329 million for awards to 56 State grantees and associated program technical assistance; \$10.5 million for 18 awards representing American Indian tribes, and \$10.5 million for research, evaluation, and corrective action technical assistance for States not meeting benchmarks.

HIV/AIDS Early Intervention Part A (+\$1.000 million)

The FY 2012 Request will support program activities and services for PLWH in the 24 Eligible Metropolitan Areas, 28 Transition Grant Areas, and 4 states.

HIV/AIDS Early Intervention Part B (+\$82.000 million)

The increase will support program activities and includes the provision life-saving medications to persons living with HIV. The number of clients served by ADAPs is predicted to be 218,446.

HIV/AIDS Early Intervention Part C (+\$5.139 million)

The increase will support the provision of comprehensive primary health care in an outpatient setting for people living with HIV disease for an additional 6,467 clients. The FY 2012 Budget Request target for the number of people receiving primary care services under Early Intervention Services programs is 247,133.

HIV/AIDS Part D (+\$.166 million)

This funding level will support primary healthcare and social support services available to 90,000 women, men, transgendered persons, infants, children, youth and adults living with HIV and AIDS and their affected families at programs in 37 States, D.C., Puerto Rico and Virgin Islands. The target for the number of female clients provided comprehensive services through Part D, including appropriate services before or during pregnancy to reduce perinatal transmission is 57,773.

HIV/AIDS Education and Training Centers Part F (+.074 million)

This funding will help meet the program's performance goal to, "Maintain the proportion of racial/ethnic minority healthcare providers participating in the AETC intervention programs".

HIV/AIDS Dental Services Part F (+.029 million)

These funds will continue to support the reimbursement of applicant institutions, outreach to people with HIV/AIDS who need dental care, and continued efforts to improve service coordination among reimbursement recipients and other community-based health service providers. The FY 2012 Budget Request target for the number of persons for whom a portion of their unreimbursed oral health costs will be reimbursed is 35,474.

Cord Blood Stem Cell Bank (+\$1.926 million)

This funding will support progress toward the statutory goal of building a genetically diverse inventory of at least 150,000 new units of high-quality cord blood for transplantation and will, therefore, increase the number of patients in all population groups who are able to obtain life-saving transplants.

C.W. Bill Young Cell Transplantation Program (+\$3.077 million)

This funding will support progress toward the Program's ambitious performance target of 2,660,000 adult volunteers from racially/ethnically diverse minority population groups listed on the registry by September 30, 2012. These funds will also be used to support the four major Program.

340b Drug Pricing Program/Office of Pharmacy Affairs (+\$3.000 million)

This funding will help to support verification of all HRSA-funded entities, ensuring accuracy and integrity of the 340B database over time.

340b Drug Pricing Program/Office of Pharmacy Affairs User Fees (+\$5.000 million)

This reflects the estimates amount of user fees.

Rural Health Outreach Grants (+\$1.361 million)

In FY 2012, the program will support approximately 100 outreach services grants, 12 Delta grants, 80 network development grants (which include 20 grants for the Workforce Network Development pilot program and 40 HIT grants), 59 quality improvement grants and 15 network planning grants.

State Office of Rural Health (+\$.070 million)

This funding will continue to support key activities for the State Office of Rural Health Program and will support a grant award to each of the 50 states.

Program Management (+\$23.756 million)

This increase supports increased rent associated with the Parklawn building.

Family Planning (+\$10.524 million)

The FY 2012 request is expected to support family planning services for approximately 5,247,000 persons, with at least 90 percent of clients having incomes at or below 200 percent of the federal poverty level. These services include the provision of family planning methods, education, counseling and related preventive health services.

Decreases:

Patient Navigator (-\$4.965 million)

There is no FY 2012 request for this program.

Children's Hospital GME (-\$316.824 million)

There is no FY 2012 request for this program.

Maternal and Child Health Block Grant (-\$6.221 million)

This level of funding will provide: \$567.9 million for State Block Grant awards; \$74.7 million for the SPRANS set-aside, and \$11.8 million for the CISS set-aside. The request eliminates the following: \$4.9 million for Oral Health, \$3.8 million for Sickle Cell, \$3.7 million for Epilepsy, \$0.49 million for Fetal Alcohol Syndrome, \$5 million for First Time Motherhood, and \$1.5 million for Doula.

Nutrition, Physical Activity, and Screening Standards (-\$.255 million)

This program was funded from the Prevention and Public Health Fund in FY 2010.

State Health Access Grants (-\$74.480 million)

There is no FY 2012 request for this program.

Infrastructure to expand Access to Care (-\$100.000 million)

There is no FY 2012 request for this program.

Rural and Community Access to Emergency Devices (-\$2.521 million)

There is no FY 2012 request for this program.

Rural Hospital Flexibility (-\$14.715 million)

This funding will continue to support a range of activities focusing on CAHs. The program will award 45 grants in FY 2012. This request will also continue essential support for the three grantees funded through the Rural Veterans Health Access Program.

Delta Health (-\$34.927million)

There is no FY 2012 request for this program.

Denali Project (-\$10.0 million)

There is no FY 2012 request for this program.

Public Health Improvements Projects (-\$337.300 million)

There is no FY 2012 request for this program.

Investments in Information Technology (IT):

Funding for many of the HRSA Programs includes IT funding for the continued development, operations and maintenance of the HRSA Electronic Handbooks (EHBs). The EHBs is an IT Investment that supports the strategic and performance outcomes of the HRSA Programs and contributes to their success by providing a mechanism for sharing data and conducting business in a more efficient manner. The EHBs supports HRSA with program administration, grants administration and monitoring, management reporting, and performance measurement and analysis.

OVERVIEW OF PERFORMANCE

This Performance Budget documents the progress HRSA has made and expects to make in meeting the needs of uninsured and medically underserved individuals, special needs populations, and many other Americans. HRSA and its partners work to achieve the vision of “Healthy Communities, Healthy People.” In pursuing that vision, HRSA’s strategic goals are to: improve access to quality health care and services, strengthen the health workforce, build healthy communities, and improve health equity. The performance and expectations for HRSA programs are highlighted below as these relate to HRSA goals and HHS strategic objectives, indicating the close alignment of specific programmatic activities and performance with broader HRSA and Departmental priorities. Many of the highlighted activities also relate to the Secretary’s Initiative on Transforming Health Care to help all Americans live healthier, more prosperous, and more productive lives. The examples illustrate ways HRSA helps states, communities and organizations provide essential health care and related services to meet critical needs.

Highlights of Performance Results and Targets

HRSA Goals: Improve access to quality health care and services; Improve health equity
HHS Objectives: Ensure access to quality, culturally competent care for vulnerable populations;
Emphasize primary and preventive care linked with community prevention services.

HRSA programs support the direct delivery of health services and health system improvements that increase access to health care and help reduce health disparities.

- ▶ In FY 2012, the Health Centers program projects that it will serve 24.4 million patients. This is an increase of 5.6 million over the 18.8 million persons served in FY 2009.
- ▶ Through the Health Centers program, HRSA expects to provide access to care to more than 9 million uninsured individuals in FY 2012. In 2009, 7 million uninsured individuals (38% of total patients) were served by Health Centers.
- ▶ HRSA expects to serve 33 million children through the Maternal and Child Health Block Grant (Title V) in FY 2012, similar to the number served in FY 2009 (33.3 million).
- ▶ By reaching out to low-income parents to enroll their children in the Children’s Health Insurance Program (CHIP) and Medicaid, HRSA improves access to critically important health care. In FY 2012, the number of children receiving Title V services that are enrolled in and have Medicaid and CHIP coverage is expected to reach 14 million. In FY 2009, the number was 15.2 million.

- ▶ In FY 2012, HRSA's Ryan White HIV Emergency Relief Grants (Part A) and HIV Care Grants to States (Part B) are projected to support, respectively, 2.63 million visits and 2.19 million visits for health-related care (primary medical, dental, mental health, substance abuse, rehabilitative, and home health). Approximately 2.59 million visits and 2.11 million visits, respectively, were supported in FY 2009.
- ▶ By supporting AIDS Drug Assistance Program (ADAP) services to an anticipated 218,446 persons in FY 2012, HRSA expects to continue its contribution to reducing AIDS-related mortality through providing drug treatment regimens for low-income, underinsured and uninsured people living with HIV/AIDS. An estimated 205,446 persons were served through ADAP in FY 2009.
- ▶ The number of organ donors and the number of organs transplanted have increased substantially in recent years. In FY 2012, HRSA's Organ Transplantation program projects that 31,979 deceased donor organs will be transplanted, up from 24,116 in FY 2009.
- ▶ To increase the number of patients from racially and ethnically diverse backgrounds able to find a suitably matched unrelated adult donor for their blood stem cell transplants, HRSA's C.W. Bill Young Cell Transplantation program projects that it will have 2.66 million adult volunteer potential donors of minority race and ethnicity listed on the donor registry in FY 2012. Nearly 2.5 million were listed on the registry in FY 2010.
- ▶ In FY 2009, 375,000 persons received direct services through Rural Health Care Services Outreach, Network, and Quality Improvement Grants. The projection for FY 2012 is 390,000.
- ▶ In FY 2009, the Black Lung program supported services to more than 12,400 active and retired coal miners and others with occupation-related respiratory and pulmonary impairments. In FY 2012, an estimated 12,488 miners will be served.

HRSA Goal: Strengthen the health workforce.

HHS Objective: Ensure that the Nation's health care workforce can meet increased demands.

HRSA works to improve health care systems by assuring access to a quality health care workforce in all geographic areas and to all segments of the population through the support of training, recruitment, placement, and retention activities.

- ▶ In FY 2010, the National Health Service Corps (NHSC) had a field strength of 7,530 primary care clinicians. The NHSC projects that a field strength of 10,683 primary care clinicians will be in health professional shortage areas in FY 2012. Increasing the NHSC field strength is one of the Administration's Priority Goals.

- ▶ In FY 2008, 54% of Nursing Education Loan Repayment and Scholarship Program participants extended their service contracts and committed to work at a critical shortage facility for an additional year, up from 38% in FY 2005. The FY 2012 target is 54%.
- ▶ In FY 2010, 4,800 health care providers were deemed eligible for FTCA malpractice coverage through the Free Clinics Medical Malpractice program, which encourages providers to volunteer their time at sponsoring free clinics. The projection for this number is 4,800 in FY 2012.

HRSA Goal: Improve access to quality health care and services.

HHS Objective: Improve health care quality and patient safety.

Virtually all HRSA programs help improve health care quality, including those programs or program components that focus on improving the infrastructure of the health care system.

- ▶ In FY 2012, 95.7% of Ryan White program-funded primary care providers will have implemented a quality management program, up from 94.5 % in FY 2009.
- ▶ In FY 2012, 68,125 licensing and credentialing decisions that limit practitioners' ability to practice will be impacted by information contained in the National Practitioner Data Bank. This is a projected increase over the results of 51,990 decisions impacted in FY 2009.
- ▶ In 2012, 76% of Critical Access Hospitals (supported by the Rural Hospital Flexibility Grants program) will report at least one (quality-related) measure to Hospital Compare. This will be an increase from 70.3% in FY 2009.

HRSA Goal: Improve health equity.

HHS Objective: Accelerate the process of scientific discovery to improve patient care.

- ▶ The National Hansen's Disease Program seeks to prevent and manage Hansen's disease (leprosy) through both clinical care and scientific research. In FY 2009, the Program successfully developed additional protective biological response modifiers (BRM) and white blood cell type markers (CM) that are important in host resistance to Hansen's Disease and will ultimately permit development of the full animal model (armadillo) that will advance understanding of the disease in humans. In 2012, the Program will pursue the integration of BRM, CM and molecular reagent breakthroughs.

In the ways highlighted above and others, HRSA will continue to strengthen the Nation's healthcare safety net and improve Americans' health, health care and quality-of-life. More information on performance is provided in the companion *Online Performance Appendix*.

Performance Management

Achieving a high-level of performance in pursuing its goals is a major priority for HRSA, and is one of its Strategic Plan principles. Performance management at HRSA involves the active use

of performance data to improve its operations and those of grantees. Underpinning this is the regular collection, monitoring, analysis, and reporting of performance data. To improve this data, HRSA is assessing its programs' performance measure profiles to determine which measures may need to be retired and which added to reflect new programmatic emphases and achievement of programmatic goals. Additionally, HRSA continually works (e.g., through technical assistance) to build grantees' capacity to collect and report accurate and timely data. Further HRSA is upgrading its data systems to better manage the range and complexity of information that is needed for effective performance management. HRSA is also focusing on its programs' ability to explain, not just report, performance trends. Finally the agency is strengthening its focus on the conduct of evaluations to augment routine performance information. These steps are taken to ensure the availability of relevant, practical, timely, and useful data for decision-making and accountability.

SUMMARY OF PERFORMANCE TARGETS AND RESULTS

Fiscal Year	Total Targets	Targets with Results Reported	Percent of Targets with Results Reported	Total Targets Met	Percent of Targets Met
2007	143	135	94%	95	70%
2008	141	128	91%	99	77%
2009	137	101	74%	70	69%
2010	146	27	18%	22	81%
2011	151	N/A	N/A	N/A	N/A
2012	132	N/A	N/A	N/A	N/A

ARRA Performance Overview

Under the American Recovery and Reinvestment Act of 2009 (ARRA), HRSA received \$2.5 billion for a selected set of program activities:

- Health Centers – Services: \$500 million
- Health Centers – Capital: \$1.5 billion
- Health Professions Training: \$200 million
- Health Professions Training – National Health Service Corps: \$300 million

HRSA has made excellent progress in implementing program activity with these funds (www.recovery.gov). Health Center Service funds have been used to support new sites and service areas, increase services at existing sites, and provide supplemental payments for spikes in uninsured populations. Health Center Capital funding has been used to support health center efforts to modernize facilities and systems, including construction, renovation and equipment purchase, and development of health information technology systems. Facility Investment Program grants were also recently awarded to support major construction and renovation projects at health centers.

Funding for the National Health Service Corps (NHSC) has led to significant efforts to increase the number of loan repayment contracts for service in underserved areas, as well as NHSC Scholarships. Under the Health Professions Training program, grants were awarded for a variety of programs, including Scholarships for Disadvantaged Students, Centers of Excellence focused on the training of minority students, Public Health Traineeships, and Nursing Workforce Diversity.

HRSA Summary of Recovery Act Available Resources, Outlays and Performance:

(\$ in millions)

ARRA Implementation Plan	Total Resources Available	FY 2009/ 2010 Outlays	FY 2011 Outlays	FY 2012 Outlays
Health Centers - Services	\$500.000	\$363.000	\$137.000	\$---
Health Centers - Capital	\$1,500.000	\$514.000	\$361.000	\$360.000
Health Professions Training Program: National Health Service Corps (NHSC)	\$300.000	\$153.000	\$108.000	\$13.000
Health Professions Training Program	\$200.000	\$45.000	\$115.000	\$15.000
Total	\$2,500.000	\$1,075.000	\$722.000	\$388.000

Selected Performance Measures for Implementation Plans Listed Above:

Health Centers – Services

Performance Measure	FY 2009 Result	FY 2010 Result	FY 2011 Target	FY 2012 Target
Number of new patients served	1.01M	3.3M	2.87M	N/A
Number of new uninsured patients served	.62M	1.8M	1.34M	N/A

Data Source: ARRA Health Center Quarterly Report

Health Centers - Capital

Performance Measure	FY 2009 Result	FY 2010 Result	FY 2011 Target	FY 2012 Target
Number of Health Center sites with new space (construction)	2	42	200	405
Number of Health Center sites with improved space (alteration/repair/renovation)	16	237	600	975
Number of Health Center sites with new certified Electronic Health Record	0	22	100	245
Percent of Projects On Schedule and On Budget (construction and alteration/repair/renovation over \$1M)	N/A	63.5%	80.0%	80.0%

Data Source: ARRA Health Center Quarterly Report

Health Professions Training Program: National Health Service Corps

Performance Measure	FY 2009 Result	FY 2010 Result	FY 2011 Target	FY 2012 Target
Increase in NHSC field strength (includes State Loan Repayment Program)	829	3,288	4,046	1,030

Data Source: BHCDANET; State Loan Repayment Program Report

Health Professions Training Program

Performance Measure	FY 2009 Result	FY 2010 Result	FY 2011 Target	FY 2012 Target
Nursing Education Loan Repayment Program (NELRP) - Increase in NELRP field strength	427	427	0	0
Scholarships for Disadvantaged Students (SDS) Number of scholarships awarded	9,790	10,000 (target)	0	0
Training in Primary Care	N/A	1,426 (actual)	1,603	1,603

Performance Measure	FY 2009 Result	FY 2010 Result	FY 2011 Target	FY 2012 Target
Medicine and Dentistry (TPCMD) - Number of students and residents trained				

Data Source: Nursing Information System; BHPr Performance Report; BHPr Data Collection System

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FY 2012 All Purpose Table (APT)

(Dollars in Thousands)

Program	FY 2010 Actual	FY 2011 CR	FY 2012 Request
<u>PRIMARY CARE:</u>			
Health Centers	2,141,397	2,145,967	2,021,737
Community Health Center Fund (ACA)	-	1,000,000	1,200,000
Health Center Tort Claims	43,749	44,055	96,077
Total, Health Centers	2,185,146	3,190,022	3,317,814
Health Centers - Facilities Construction/NHSC	-	1,500,000	-
School-Based Health Centers - Facilities	50,000	50,000	50,000
Free Clinics Medical Malpractice	40	40	40
Hansen's Disease Center	16,075	16,109	16,075
Payment to Hawaii	1,976	1,976	1,976
Buildings and Facilities	128	129	129
Subtotal, Bureau of Primary Health Care	2,253,365	4,758,276	3,386,034
<u>CLINICIAN RECRUITMENT & SERVICE:</u>			
National Health Service Corps Field	40,941	41,128	24,695
National Health Service Corps Recruitment	100,479	100,797	98,782
National Health Service Corps (ACA)	-	290,000	295,000
Total, NHSC	141,420	431,925	418,477
Nurse Loan Repayment and Scholarship Program	93,864	93,864	93,864
Loan Repayment/Faculty Fellowships	1,266	1,266	1,266
Subtotal, Clinician Recruitment & Service	236,550	527,055	513,607
<u>HEALTH PROFESSIONS:</u>			
Health Professions Training for Diversity:			
Centers of Excellence	24,550	24,602	24,602
Scholarships for Disadvantaged Students	49,236	49,342	60,000
Health Careers Opportunity Program	22,086	22,133	22,133
Health Professions Training for Diversity	95,872	96,077	106,735
Health Care Workforce Assessment	2,826	2,832	20,000
Primary Care Training and Enhancement	38,923	39,275	139,932
Primary Care Training and Enhancement Preventon Fund	198,122		-
Subtotal, Primary Care Training and Enhancement	237,045	39,275	139,932
Oral Health Training Programs	32,920	32,982	49,928

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Program	FY 2010 Actual	FY 2011 CR	FY 2012 Request
GME Payments for Teaching Health Centers	-	230,000	-
Interdisciplinary, Community-Based Linkages:			
Area Health Education Centers	33,274	33,345	34,833
Geriatric Programs	33,675	33,747	43,747
Allied Health and Other Disciplines	1,940	1,945	-
Mental and Behavioral Health	2,939	2,945	17,945
Subtotal, Interdisciplinary, Community-Based Linkages	71,828	71,982	96,525
Public Health Workforce Development:			
Public Health/Preventive Medicine;	9,647	9,668	10,068
Public Health/Preventive Medicine Prevention Fund	14,829	20,000	15,000
Subtotal, Public Health/Prevention Medicine	24,476	29,668	25,068
State Health Care Workforce Development Grants			51,000
State Health Care Workforce Development Grants Prevention Fund	5,750		-
Subtotal, State Health Care Workforce Development Grants	5,750	-	51,000
Subtotal, Public Health Workforce Development	30,226	29,668	76,068
Nursing Workforce Development:			
Advanced Education Nursing	64,301	64,438	104,438
Advanced Education Nursing Prevention Fund	31,431	-	-
Subtotal, Advanced Education Nursing	95,732	64,438	104,438
Nursing Workforce Diversity	16,073	16,107	20,000
Nurse Education, Practice and Retention	39,811	39,896	59,773
Nurse Faculty Loan Program	24,947	25,000	30,000
Comprehensive Geriatric Education	4,557	4,567	5,000
Nursing Managed Care	-	-	20,000
Nurse Managed Health Centers Prevention Fund	15,268	-	-
Subtotal Nursing Managed Care	15,268	-	20,000
Subtotal, Nursing Workforce Development	196,388	150,008	239,211
Patient Navigator Outreach & Chronic Disease Prevention	4,965	5,000	-
Children's Hospitals Graduate Medical Education Program	316,824	317,500	-
Teaching Health Centers			10,000
Subtotal, Bureau of Health Professions	988,894	975,324	738,399
Health Workforce Evaluation Funding	-	-	255,423
National Practitioner Data Bank (User Fees)	19,750	19,750	28,016
Healthcare Integrity & Protection Data Bank (User Fees)	3,758	3,758	-

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Program	FY 2010 Actual	FY 2011 CR	FY 2012 Request
<u>MATERNAL & CHILD HEALTH:</u>			
Maternal and Child Health Block Grant	660,710	662,121	654,489
Autism and Other Developmental Disorders	47,898	48,000	55,000
Traumatic Brain Injury	9,918	9,939	9,918
Sickle Cell Service Demonstrations	4,740	4,750	4,740
Universal Newborn Hearing	18,960	19,000	18,960
Emergency Medical Services for Children	21,454	21,500	21,454
Healthy Start	104,776	105,000	104,776
Heritable Disorders	9,992	10,013	9,992
Congenital Disabilities	499	500	499
Nutrition, Physical Activity & Screen Time Standards Prev. Fund	255	-	-
Family to Family Health Information Centers	5,000	5,000	5,000
Maternal, Infant and Early Childhood Visiting Program	100,000	250,000	350,000
Subtotal, Maternal and Child Health Bureau	984,202	1,135,823	1,234,828
<u>HIV/AIDS:</u>			
Emergency Relief - Part A	678,074	679,074	679,074
Comprehensive Care - Part B	1,276,791	1,253,791	1,358,791
AIDS Drug Assistance Program (Non-Add)	858,000	835,000	940,000
Early Intervention - Part C	206,383	206,823	211,522
Children, Youth, Women & Families - Part D	77,621	77,787	77,787
Education and Training Centers - Part F	34,745	34,819	34,819
Dental Services Part F	13,565	13,594	13,594
Subtotal, HIV/AIDS	2,287,179	2,265,888	2,375,587
SPNS Evaluation Funding	25,000	25,000	25,000
Subtotal, HIV/AIDS Bureau	2,312,179	2,290,888	2,400,587
<u>HEALTHCARE SYSTEMS:</u>			
Organ Transplantation	25,991	26,049	25,991
Cord Blood Stem Cell Bank	11,957	11,983	13,883
C.W. Bill Young Cell Transplantation Program	23,467	23,517	26,544
Poison Control Centers	29,250	29,314	29,250
340b Drug Pricing Program/Office of Pharmacy Affairs	2,220	2,220	5,220
340b Drug Pricing Program/Office of Pharmacy Affairs User Fees			5,000
State Health Access Grants	74,480	75,000	-
Infrastructure to Expand Access to Care	100,000	-	-
Subtotal, Healthcare Systems Bureau	267,365	168,083	105,888
<u>Rural Health:</u>			
Rural Health Policy Development	9,929	9,950	9,929

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Program	FY 2010 Actual	FY 2011 CR	FY 2012 Request
Rural Health Outreach Grants	55,905	56,025	57,266
Rural & Community Access to Emergency Devices	2,521	2,526	-
Rural Hospital Flexibility Grants	40,915	41,200	26,200
Delta Health Initiative	34,927	35,000	-
State Offices of Rural Health	10,005	10,075	10,075
Denali Project	10,000	10,000	-
Radiogenic Diseases	1,948	1,952	1,948
Black Lung	7,185	7,200	7,185
Telehealth	11,575	11,600	11,575
Subtotal, Office of Rural Health Policy	184,910	185,528	124,178
Public Health Improvement Projects	337,300	338,002	-
Program Management	147,052	147,052	170,808
Family Planning	316,832	317,491	327,356
Healthy Weight Collaborative Prevention Fund	5,000	-	5,000
HRS Program Level	8,057,157	10,867,030	9,034,701
Appropriation Table Match	7,482,994	7,473,522	6,801,262
Less Mandatory Programs	525,655	3,345,000	1,920,000
Subtotal Health Reform	255,000	3,325,000	1,900,000
Subtotal Public Health Prevention Fund	270,655	20,000	20,000
Discretionary Program Level:			
HRS	7,531,502	7,522,030	7,114,701
Funds Appropriated to Other HRSA Accounts:			
Health Education Assistance Loans:			
Liquidating Account	1,000	1,000	-
HEAL Credit Reform - Direct Operations	2,847	2,847	-
Subtotal, Health Education Assistance Loans	3,847	3,847	-
Vaccine Injury Compensation:			
Vaccine Injury Compensation Trust Fund (HRSA Claims)	193,000	220,000	235,000
VICTF Direct Operations - HRSA	6,502	6,502	6,502
Subtotal, Vaccine Injury Compensation	199,502	226,502	241,502
Discretionary Program Level:			
HRS	7,531,502	7,522,030	7,114,701
HEAL Direct Operations	2,847	2,847	-
Vaccine Direct Operations	6,502	6,502	6,502

Health Resources and Services Administration

Program	FY 2010 Actual	FY 2011 CR	FY 2012 Request
Total, HRSA Discretionary Program Level	7,540,851	7,531,379	7,121,203
Mandatory Programs:	525,655	3,345,000	1,920,000
Total, HRSA Program Level	8,066,506	10,876,379	9,041,203
Less Programs Funded from Other Sources Mandatory:			
Prevention and Public Health Fund	-270,655	-20,000	-20,000
Less Programs Funded from Other Sources:			
Evaluation - Special Projects of National Significance (SPNS)	-25,000	-25,000	-25,000
Evaluation - Health Workforce	--	--	-255,423
National Practitioner Data Bank (User Fees)	-19,750	-19,750	-28,016
Healthcare Integrity and Protection Data Bank (User Fees)	-3,758	-3,758	--
340b Drug Pricing Program/Office of Pharmacy Affairs (User Fees)	--	--	-5,000
Total HRSA Discretionary Budget Authority	7,492,343	7,482,871	6,807,764